



LAKE SUPERIOR
STATE UNIVERSITY

SCHOOL OF NURSING

650 W. EASTERDAY AVE.
SAULT STE. MARIE, MI 49783

**Application for Admission to the Clinical Portion of the
Practical Nursing Program**

Directions for Students

1. Students who are interested in enrolling the Practical Nursing Program at LSSU will need to complete this application packet and return it to the School of Nursing no later than April 13, 2010
2. Students will make an appointment with their nursing academic advisor to verify eligibility for clinical placement and to review application forms with student.
3. Students will bring to their appointment with their nursing academic advisor:
 - a. Completed *Declaration of Intent*
 - b. An unofficial copy of LSSU transcript, unofficial copies of any other transcripts, and any other relevant academic information (the School of Nursing will NOT request these documents from others)
 - c. Completed *Consent for Fingerprinting*
 - d. Completed *Clinical Student Disclosure Statement*
 - e. Completed *Assured Access to Computer Agreement*
 - f. Current Immunization record
 - g. Completed *Self-Evaluation*
4. Students will review the application with the faculty member. Students will be responsible for providing any needed additional documentation. The student will submit the completed application and documents to the nursing office, Crawford Hall 236-F.
5. The above process is to be completed no later than April 13, 2010 for summer 2010 cohort admission with fall semester clinical admission to the Practical Nursing Program.
6. Due to the competitive nature of the application process, be aware that meeting minimal requirements does not ensure admittance to the program.
7. If there are any documents missing, the application will be considered void.



LAKE SUPERIOR
STATE UNIVERSITY
SCHOOL OF NURSING

Application Checklist

Name of Student: _____

Student ID Number: _____

- Declaration of Intent Completed
- Admission Application Worksheet Completed
- Self-Evaluation Completed
- Consent for Fingerprinting Completed
- Clinical Student Disclosure Statement Completed
- Assured Access to Computer Completed
- Copy of Immunization Records Attached (see attached requirements)
- Unofficial Transcript and Other Support Documents Attached
- Additional Advising Received (International travel, full-time course work, etc.)

Academic Advisor (signature)

Date

✂----- (For Office Use Only) -----

Date Received: _____ Time Received: _____

Received By (please print): _____

Received By (signature): _____

Student Signature: _____



LAKE SUPERIOR
STATE UNIVERSITY
SCHOOL OF NURSING

DECLARATION OF INTENT FOR ADMISSION TO
(check the program to which you are applying)

_____ **Practical Nursing Certificate**

_____ **Health Care Provider Associate of Applied Science Degree**

Fall semester _____ requesting enrollment in PNUR 113 (first Practical Nursing clinical course)

I, _____
(print) First Name Middle Name Last Name Maiden Name (if applicable) or other names used

wish to have my student file(s) evaluated for admission to the Lake Superior State University's program that I have noted above. By signing my name below, I attest to the accuracy of the information provided in this application packet and am aware that the School of Nursing will begin the screening process.

Student Signature: _____ Date: _____

LSSU/Local Address: _____

Best Telephone Number to Contact Me: _____ E-Mail Address: _____

Permanent Address: _____

LSSU Student ID #: _____

If you have attended other universities/colleges, please list them below.

<u>Educational History</u>	<u>Date(s) of Attendance</u>
High School: _____	_____
City & State: _____	_____
College(s)/University(ies) _____	_____
_____	_____
_____	_____



**School of Nursing
Admission Application Worksheet Certificate Program**

Student Name: _____ Student Number: _____ Date: _____

Instruction to student: Bring this form along with a copy of your current unofficial transcripts to your assigned faculty member, then work with him or her to complete the information below.

Other course work completed: (not required for admission to fall semester)

Course Number & Title	Cr.	LSSU or Transfer Semester taken	Grade	Points
HLTH 208	3			
ENGL 110	3			
ENGL 111	3			
MATH 102	4			
CHEM 104	3			
BIOL 121	4			
BIOL 122	4			
SOCY 101	3			
PSYC 101	3			
Totals				

Pre-admission course work:

Course Number & Title	Cr.	LSSU or transfer Semester taken	Grade	Points
BIOL 105	4			
PNUR 101	2			
MATH 086 or equivalent (spring 2011)	3			
PSYC 155	3			
Totals				

Pre-admit course work GPA: _____

Overall GPA based on above course work: _____

Admission to fall Practical Nursing courses: Yes No _____ (semester & year)

Not approved for admission to fall Practical Nursing courses. Please provide rationale:

Committee Member Signature: _____ Date: _____



Self-Evaluation for Admission to the Practical Nursing Program at LSSU

Student Name: _____ ID: _____ Date: _____

- 1. These personal attributes are critical for all nursing students at LSSU. Please rate yourself on each of the following Characteristics:

Table with 5 columns: Characteristic, Rating (Excellent, Good, Fair, Poor). Rows include Punctuality, My level of preparation for performance, My level of follow through with commitments, Oral communication skills, Written communication skills, Social Appropriateness, Dependability, Integrity, Common Sense, Quality of work, Judgment, Initiative, and Accountability.

- 2. What specific strengths do you have that make you a good candidate for LSSU's nursing program?

- 3. In the table below, list the name of two or more references (may include LSSU faculty members).

Table with 3 columns: Name, Relationship, Phone Number. Contains 5 empty rows for listing references.

- 4. By signing the line below, I am allowing the School of Nursing Application Committee to contact any references I have listed.

Student Signature: _____ Date: _____



**Student Consent for Fingerprinting and Criminal Background Investigation
For Nursing Program**

US and Michigan law (see PA 26, 27, & 28 of 2006) prohibits us from placing students who have certain categories of criminal convictions in positions where they provide clinical services (as in nursing) for specific vulnerable populations. Therefore, students with such convictions will be denied admission to the Nursing Programs at Lake Superior State University. Those types of convictions and the time limits for the prohibition are listed in a document prepared by the Michigan Department of Community Health. All students will be provided with a copy of this document before being asked to sign this form.

Admission will also be denied for any past offence that prohibits the student from:

- I. Obtaining a Canadian Work Visa* (a requirement outlined in the Student Handbooks);
- II. Crossing the Canadian/United States border for educational experiences;
- III. Handling and distributing medications and controlled substances as a student nurse;
- IV. Driving self to field experiences required by the clinical rotations in the nursing programs; or
- V. Participating in clinical experiences in a nursing home, county medical facility, or home for the aged.

*Note that some offenses, such as driving under the influence of alcohol, are felony offenses in Canada, but not in Michigan. To our knowledge these offenses have not prohibited students from participating in Canadian clinicals, but Canadian authorities have required students to pay a special fee (essentially a fine) to obtain their Canadian Work Visa. These fees (if any) are the responsibility of the student.

My signature indicates that: (1) I agree to fingerprinting and criminal background investigation as required by the School of Nursing, and (2) I will immediately report any indictments or convictions for any relevant offenses to the Dean of Nursing.

Printed Student Name: _____

Student Signature: _____ Date: _____

Note: Failure to sign and return this form and failure to comply with this policy will be grounds for dismissal from the Nursing Programs at Lake Superior State University.

To view the most current regulations on criminal history for clinical placement:

1. Access the website: <http://www.miltcpartnership.org/MainSite/W1.aspx>
2. Click on the link: LEGAL GUIDE - REV. 5/2007 updated:5/22/2007

Or, you may request a copy from the School of Nursing at Lake Superior State University.



LAKE SUPERIOR

STATE UNIVERSITY

Clinical Student Disclosure Statement

To Be Retained by the Educational Institution

Student Name: _____ Date of Birth: _____

Educational Institution Name: _____

Training Program: _____

1. I certify that I have not been convicted of a crime or offense that prohibits me from being granted clinical privileges in a long-term care setting as required by P.A. 27, 28 and 29 of 2006 within the applicable time period prescribed by each time.

Signature of Student

Date

2. I certify that I have not been the subject of an order or disposition under the Code of Criminal Procedure dealing with findings of “not guilty by reason of insanity” for any crime.

Signature of Student

Date

3. I certify that I have not been the subject of a state or federal agency substantiated findings of patient or residential neglect, abuse or misappropriation of property or any activity that caused my nurse aide certification to be “flagged”.

Signature of Student

Date

4. I have listed below all offenses for which I have been convicted, including all terms and conditions of sentencing, parole and probation and any substantiated finding of patient or resident neglect, abuse or misappropriation of property.

Signature of Student

Date

Conviction/Offense	Date of Conviction/Finding	City	State	Sentence	Date of Discharge

5. I certify that I have reviewed the list of prohibited offenses as defined in P.A. 27, 28 and 29, and that the above list of my convictions and/or substantiated findings of patient or resident neglect, abuse or misappropriation of property (if any) is true, correct and complete to the best of my knowledge. I also understand that if the information is not accurate or complete, my clinical privileges will be withdrawn immediately. I understand that the facility or educational program denying my privileges based on information retained through a background check is provided immunity from any action brought by a student due to decision to remove clinical privileges.

Signature of Student

Date



LAKE SUPERIOR
STATE UNIVERSITY
SCHOOL OF NURSING

Assured Access to Computer Agreement

There may be times in the course of your nursing program that course work will be offered to you in an online format. To assure your success with this medium, it is essential for you to have appropriate access to the following:

The **Assured Access to Computer Agreement (AACA)** requires the following:

- Reliable access to a computer with minimum system requirements* and the Internet when taking online courses
- Students who do not own a computer must be prepared to allocate time for working in campus computer labs, libraries, or any public or private use venue.
- The AACA does not assume students will purchase computers, but it does require reliable access to them for purposes of online assignments and interaction.

Please sign below to affirm that you have read and understand the **Assured Access to Computer Agreement (AACA)** and that you have assured access to a computer and the Internet.

I have read and understand the AACA, and I affirm that I have assured access to a computer and the Internet.

Name (Print): _____

Signature: _____

LSSU E-mail address _____

* Contact LSSU's IT Department for current minimal computer, internet and hardware requirements.